

DIVISION OF WATER
BACKFLOW COMPLIANCE OFFICE
Backflow Prevention Assembly Tester
Approval Application Form
Effective February 22, 2016

Registration year begins February 16 and ends the following February 15. Applications for the next registration year will not be accepted before November 16. Please provide all requested information then sign and date the form. Incomplete or illegible paperwork will be rejected. Return this with the required documentation and payment to the address below. A valid e-mail address is required.

If applying between February 16 and November 15, check here:

☐ I am applying for the current registration year only, ending on February 15 (Payment Form Column C)

If applying between November 16 and February 15, check one:

☐ I am applying for the current registration year only, ending on February 15 (Payment Form Column C)

☐ I am applying for the next registration year only, beginning on February 16 (Payment Form Column D)

☐ I am applying for the current registration year and renewal for the next registration year (Payment Form Columns C and E)

Required Information (Please print, all fields are mandatory)

Tester Name _____ Date: _____

E-mail address _____ Phone number: _____

Business Name: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

• City of Columbus, Department of Building and Zoning Services contract information:

Trade (e.g. Plumbing, Heating): _____ #: _____
(provide a copy of company registration certificate)

• State of Ohio Department of Commerce Certified Backflow Tester number: _____
(provide a copy of your tester card)

• Test equipment: Make: _____ Model: _____ Serial # _____
Make: _____ Model: _____ Serial # _____

If you have more equipment, add an additional sheet and check here. Additional equipment _____
Provide copies of your current equipment calibration certificate(s). Certificates must clearly state who (company or tester) the test equipment belongs to or is used by.

I, the undersigned, have read and agree to the City of Columbus Backflow Assembly Tester Guidelines, effective May 21, 2015, revised 11/20/2015.

Signature of Certified Tester: _____

Return this application with
payment form, payment and
required documentation to:
City of Columbus
Department of Public Utilities
Revenue Reception Office
910 Dublin Rd.
Columbus, Ohio 43215

Payments accepted:

- Cash, in person only. **Do not mail.**
- Check payable to *Columbus City Treasurer*, in person or mail

For More Information: Visit www.columbus.gov/backflow/testers, or contact the Backflow Compliance Office Monday through Friday 7:00am to 3:30pm @ (614) 645-6674

**DIVISION OF WATER
BACKFLOW COMPLIANCE OFFICE
Approved Tester Registration Payment Form
Effective February 22, 2016**

	A	B	C	D	E	F
See Instructions	Tester Name	ODOC Cert. #	New tester for current year ending Feb 15, 20 <input type="text"/> \$100	New tester for only next year, beginning Feb 16, 20 <input type="text"/> (Accepted between Nov 16 – Feb 15) \$100	Renewal for year beginning Feb 16, 20 <input type="text"/> (Not accepted between Mar 18 – Nov 15) \$25	Sub-Total
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
Company name:				Date:	(G) Total due:	

Form Instructions:

Note: Registration year runs from February 16 to February 15 of the next calendar year. Payment for the next registration year will not be accepted before November 16. Renewal fee must be received by Feb. 15 or approval will be revoked.

Heading – Write in Columns C, D, and/or E the requested date for the registration year this payment should be applied to. For instance, if renewing in December 2016, the renewal would be for the registration year beginning 2/16/2017.

- A.** List first name, middle initial, last name, and suffix (e.g. Jr.) for each tester covered by this payment.
B. List the Ohio Department of Commerce backflow certification number for each tester.
C. New tester, approval for the current registration year – Write \$100 in Column C in the same row as the tester's name.
Approval for a specific registration year is only valid from the date of approval until February 15.
D. New tester, approval for the upcoming registration year – Write \$100 in Column D next to the tester's name.
E. Registration renewal – Write \$25 in Column E next to the tester's name. Only the following are eligible for renewal:

- Currently approved testers, or
- Within a 30-day grace period (ending March 16), testers lapsed for not paying the annual registration fee, or
- Between November 16 and February 15, new testers seeking approval for current registration year

Testers whose approval has lapsed more than 30 days for any reason are considered New Testers.

- F.** In Column F, subtotal the fees for each tester
G. Add all subtotals and write the total payment due next to "Total due". Payments by check payable to *Columbus City Treasurer* or cash may be made at the City of Columbus, Department of Public Utilities, Revenue Reception Office, 910 Dublin Road, Columbus, OH 43215. **Do not send cash by mail.**

Refer to the *Credentials Expiration List* at www.Columbus.gov/backflow/testers for a complete list of expiration dates used by Backflow Compliance Office. Testers must provide up to date documentation to the Backflow Compliance Office.